



Hennepin County Chemical Dependency Task Force

Final Recommendations for Juveniles with CD Issues

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Introduction

Alcohol and other drug (AOD) use costs Hennepin County and the state of Minnesota millions of dollars every year¹. AOD use frequently leads to involvement with the criminal justice system through driving while intoxicated (DWI) offenses, drug offenses and juvenile crime. The Minnesota Supreme Court recognized these issues and convened a Chemical Dependency Task Force, which issued an initial report with statewide recommendations in February 2006².

Responding to the statewide examination of how the criminal justice system works with alcohol and other drug offenders, the Hennepin County Joint Committee on Community Corrections (Joint Board/Bench) established the Hennepin County Chemical Dependency Task Force (CDTF) in March 2006. The goal of the task force was to redesign chemical health intervention practices in the Hennepin County criminal justice system so they are better coordinated, based on evidence-based principles, and cost-effective. Hennepin County Fourth Judicial District Chief Judge Lucy Wieland and Gothriel (Fred) La Fleur, assistant county administrator for Criminal Justice, co-chaired the task force. The CDTF charter and Juvenile Subcommittee charter are included in Appendices B and C.

The CDTF convened three subcommittees – Adult Drug/Drug Court Subcommittee, DWI Subcommittee, and Juvenile Alcohol and Other Drug Subcommittee. A report covering the recommendations for the adult drug and DWI groups was issued in March 2007. This report covers the work and recommendations related to juveniles. The Juvenile Subcommittee included representatives from the bench, County Board, court administration, prosecution, Community Corrections, local CD service providers, public defense and Human Services. The subcommittee reviewed research and evidence-based practices and then formulated recommendations to improve the functioning of the Hennepin County criminal justice system.

Hennepin County juveniles with CD issues

Many Hennepin County adolescents use alcohol and other drugs. During the 2004 Minnesota Student Survey, 30 percent of Hennepin County twelfth graders reported drinking alcohol on more than 10 occasions in the past year and more than 10 percent reported binge drinking in the past two weeks. Marijuana use is also prevalent, with approximately 30 percent of Hennepin County twelfth graders reporting use in the past year.

According to survey results, rates of drug and alcohol use are substantially higher among youth in the juvenile justice system. Among youth in Minnesota juvenile correctional facilities, more than 40 percent reported more than 10 occasions of alcohol use in the past year and more than 60 percent reported marijuana use. National data confirms substantially higher use rates among youth in the juvenile justice system³.

¹ See Appendix A: *Persons with Alcohol and Other Drug Problems in Hennepin County Systems*

² Minnesota Supreme Court Chemical Dependency Task Force, *Initial Report on Adult and Juvenile Alcohol and Other Drug Offenders*. February 3, 2006 ADM-05-8002.

³ Dembo et al., 1997

At least 1,428 juveniles with at least one drug or alcohol-related charge were supervised by Juvenile Probation in 2005. Approximately 2,000 juveniles are cited for underage alcohol use in Hennepin County every year.

Summary of research process for Juvenile Alcohol and Other Drug Subcommittee

The subcommittee created two process maps to better understand the flow of juveniles through the criminal justice system. One mapped the flow for juveniles charged with alcohol or drug-related petty or status offenses. The second flow chart mapped the flow of juveniles charged with delinquency offenses through the criminal justice system.

University of Minnesota Professor Ken Winters presented the most recent literature on adolescent substance abuse and best practices for youth involved in the criminal justice system. Best practices related to reducing underage alcohol use were explored in both the literature⁴ and in consultation with experts from the Minnesota Department of Health and the Minnesota Institute for Public Health⁵.

The group collected information and reviewed the practices of other metro counties for dealing with first and second-time alcohol and drug offenders. The subcommittee also reviewed and considered the recommendations from the Minnesota Supreme Court Chemical Dependency Task Force to ensure that county practices were aligned with statewide recommendations.

Several members of the subcommittee were able to attend a national conference “Judicial Responses to Alcohol and Other Drugs,” sponsored by the National Council of Juvenile and Family Court Judges.

To translate the research into recommendations, the group identified entry points for juveniles into the system, key players, current practices, gaps in services and options for improvement.

Recommendations

The task force recommends adoption of clear principles upon which to base future efforts and actions.

Principles for juvenile petty alcohol and other drug offenders

- Keep accountability and services “close to home” for juvenile petty alcohol and other drug offenders⁵.
- Prevent (reduce) juvenile involvement in the formal juvenile justice system.

⁴ *Reducing Underage Drinking: A Collective Responsibility*, Institute of Medicine 2004 was comprehensive in its coverage of underage alcohol use reductions. However, most sanction-oriented interventions for underage alcohol use have not been evaluated for effectiveness.

⁵ Jay Jaffee from Minnesota Department of Health and Sheila Nesbitt from Minnesota Institute of Public Health.

- Ensure recommendations and changes in practice meet the needs of both urban and suburban communities.
- Work with local law enforcement and communities to strengthen their capacity to effectively respond to juvenile substance use – recognizing that many of the systems that respond to juvenile substance use are not under the control of the county and court systems.
- Create graduated consequences across the juvenile justice system for juvenile AOD offenders from pre-citation diversion through court appearance.
- Incorporate evidence-based principles and practices in addressing juvenile AOD offenders throughout the criminal justice system.
- Evaluate the impact of changes in juvenile court practices on recidivism.

The CD Task Force recommends that Hennepin County, partners in the community and the juvenile justice system adopt the following recommendations to reduce youth access to alcohol, create effective diversion programming, ensure graduated sanctions and establish evidence-based CD interventions for adolescents.

Reduce youth access to alcohol

1. Work with local law enforcement, public health agencies and community groups to reduce youth access to alcohol by increasing compliance checks and enforcement of social provider laws.

Create effective diversion practices

2. Work with the county attorney, Juvenile Probation and local police departments to develop graduated diversion programming for juvenile AOD offenders across criminal justice systems⁷. Programming may be pre-citation or post-citation diversion and should use evidence-based components. Research suggests that diversion should include
 - Parent involvement
 - Motivational interviewing techniques
3. Work with the county attorney and other partners to ensure that diversion programming meets the needs of youth across the county. Diversion programming should be accessible, affordable and culturally specific⁸.

Ensure graduated sanctions

4. Develop consistent and graduated consequences for juveniles who appear in court, ensuring that the court's response and consequences are more "serious" than those imposed during diversionary opportunities. Consider removing the option to pay a fine, and instead require a court appearance that may lead to a license suspension.

⁶ Courts have limited jurisdiction available when dealing with petty offenders. More meaningful responses to juvenile AOD will come from the people and systems closest to the child.

⁷ Implementation note - use the following principles for working with local systems:

1. Establish relationships.
2. Investigate current practices and build on what already exists to develop and implement consistent responses to juvenile AOD use across Hennepin County.

Local police in both urban and suburban areas need to have alternatives for cited youth. This area may be ripe for a study and pilot project.

⁸ Implementation note – partners in this effort should include county attorney, public defender and Chemical Health unit from HSPHD.

⁹ Implementation note – include information about how to get a screen done and some language about the benefit to the family of completing the assessment – e.g., this may help reduce delays at court appearance and may result in fewer court appearances.

¹⁰ Research indicates that the younger the age of initiation of substance abuse the greater the likelihood of addiction and subsequent problems.

¹¹ Implementation note – Hennepin County will be responsible for developing a model for these brief interventions and providing training to providers. The services will likely be offered by community vendors or health care providers.

5. When court appearance is required (e.g., second drug or third alcohol offense) parents will receive a letter informing them that they are required to appear. For the second drug or third alcohol offense the letter will include notice that a chemical dependency evaluation may be needed for the child, with instructions on how to accomplish this prior to the initial court appearance⁹.
6. Work with the county attorney to identify children age 13 and younger cited for alcohol or other drug use and develop a comprehensive response¹⁰.

Establish evidence-based CD interventions for adolescents

7. Establish evidence-based brief AOD interventions for juveniles – offered in the community. Make these interventions available to juveniles involved in the criminal justice system who need them¹¹.
8. Ensure that existing and future county-sponsored AOD intervention and treatment programs are aligned with evidence-based practices and adolescent developmental needs. Behavior health care providers and managed care organizations will be important partners in this endeavor.

Conclusion

The CD Task Force recommendations for juveniles were approved by the Joint Board/Bench Committee in June 2007. Implementation of the recommended changes to the criminal justice system is under way and will be completed by June 2009.

Appendix A:

Persons with alcohol and other drug problems in Hennepin County systems

The effect of chemical dependency (CD) on Hennepin County systems is astounding. In addition to the more than \$23 million in public dollars spent on treating residents for CD issues, county systems also commit significant staff resources to the problem.

Key cost drivers include:

- 28,000 individuals booked into the Hennepin County Adult Detention Center in 2003 – representing more than 70 percent of all bookings – had alcohol or drugs in their system; 6,368 were charged with a drug or alcohol-related offense.
- 14,550 individuals were arrested on drug or alcohol-related offenses in 2005.
- 36,022 urinalysis (UA) tests were completed in both Juvenile and Adult Corrections in 2005.
- 11,783 DWI and 3,451 drug offenders were on probation on the last day of 2005.
- 10,656 people from Hennepin County were admitted to 190 different CD treatment programs in 2004. For 2,983 of these individuals, admission to treatment was imposed by the court as an alternative to jail or as a condition of probation or parole.
- There were 9,548 admissions to detox in Hennepin County in 2005.
- 2,820 DWI and 824 drug offenders were incarcerated at the Hennepin County Adult Corrections Facility (ACF) in 2005, representing half of all commitments to the ACF that year.
- Of the 1,698 adult felony filings for drug sale or possession in Fourth Judicial District Court in 2005, 1,447 cases were disposed without a trial, 36 were resolved by court trial, and five by jury trial.
- At least 1,428 juveniles with at least one drug or alcohol-related charge were supervised by Juvenile Probation in 2005.
- Each year more than 1,500 chemically dependent individuals released from Minnesota's prison system will return to Hennepin County.
- The number of individuals incarcerated in Minnesota prisons for drug-related offenses grew by more than 1,000 percent – from 173 people in 1989 to 2,178 individuals in 2005.

This information was prepared by:

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[^] Dependence and abuse definitions are based on criteria included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994).

[†] Any illicit drug includes marijuana/ hashish, cocaine (including crack), heroin, hallucinogens, inhalants or any prescription-type psychotherapeutic used non-medically.

^{*} Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days.

An estimated 21.6 million persons, or 9.1 percent of the nation's total population, were classified as having a substance dependence or abuse issue in 2003.[^] That year, there were 1.84 million substance abuse treatment admissions across the nation – an increase of almost 14 percent from 1993.²

In Minnesota in 2003 an estimated 441,000 persons 12 years of age or older (approximately 9 percent of the population) abused or were dependent on[†] alcohol or an illicit drug.³

Many residents in Hennepin County have significant drug or alcohol use issues.

- Approximately 7.5 percent of persons 12 years of age or older (or 70,000) used illicit drugs[†] in the last month.⁴
- Approximately 22 percent of persons 12 years of age or older (more than 200,000) engaged in binge alcohol use^{*} in the last month.⁵

Residents with alcohol or drug (AOD) issues may interact with Hennepin County criminal justice and social service systems. The Minnesota Supreme Court is increasingly focused on persons who suffer from alcohol and other drug problems and come through the court system. Hennepin County is also taking a harder look at the effects AOD problems have on the well-being of residents and on county systems through the formation of a Chemical Dependency Task Force.

AOD offenders in the criminal justice system

A number of respondents to the 2002 Minnesota Crime Survey linked drug use to crime.⁶ One person stated, "I feel that a significant factor to the amount of crime we have is due to drug usage." Offenders with AOD issues interact with Hennepin County's criminal justice system in a number of ways including:

Offenses and arrests

- In 2004 there were 5,739 narcotics arrests in Hennepin County.⁷ The majority of these – 2,700 – were for marijuana. Other significant drug types included 1,892 arrests for cocaine or opium. Eighty-four percent of those arrested were male.
- In 2004 there were 5,737 driving-under-the-influence offenses and 3,074 liquor law offenses. Liquor law offenses include furnishing liquor to a minor. Statewide, 41 percent of those arrested for DWI are repeat offenders.⁸
- Reported narcotic offenses were up 13 percent in Minneapolis in the first two months of 2006. DWI offenses were down 6 percent.⁹

District Court

- In 2005 there were 1,698 adult felony filings for drug sale or possession.¹⁰
- In 2005, 1,447 drug sale or possession cases were disposed without a trial, 36 were resolved by court trial, and five by jury trial.
- In 2005 there were 6,823 DWI cases disposed.
- There were 159 drug-related and 21 alcohol-related offenses committed by juveniles admitted to the Juvenile Detention Center in 2005.

Sheriff's Adult Detention Division (ADD)

- In 2005 there were 2,908 bookings with a drug-related main charge.
- In 2005 there were 3,460 bookings with an alcohol-related main charge.
- In 2003 the National Institute of Justice Arrestee Drug Abuse Monitoring Program (ADAM) measured alcohol and drug use in arrestees in two Hennepin locations, including the Hennepin County ADD.¹¹ They completed 677 interviews, including urine tests on 92 percent of the respondents. Of the respondents:
 - 71.6 percent tested positive for either drugs or alcohol.
 - 66.1 percent tested positive for drugs, including barbiturates, benzodiazepines, cocaine, marijuana, methadone, methamphetamine, opiates, phencyclidine (PCP) or propoxyphene.
 - 48.3 percent tested positive for marijuana; 28.1 percent tested positive for cocaine.
 - 25.5 percent tested positive for multiple types of drugs or alcohol. In 2003 there were approximately 41,000 bookings. Consequently, in more than 10,000 instances the persons booked had multiple types of drugs or alcohol in their system (otherwise known as "poly-drug" use) when entering the jail.
 - 11.5 percent tested positive for alcohol.
 - 33.9 percent were assessed at risk for drug dependence and 30.9 percent were at risk for alcohol dependence.

Hennepin County Community Corrections

- In 2005 there were 2,820 DWI and 824 drug offenders incarcerated at the ACF. This represents almost 50 percent of all commitments (approximately 7,500) to the ACF in 2005.
- In 2005 a total of 36,022 urine analysis (UA) tests were done in both Juvenile and Adult Corrections, at a cost \$179,485.
- On the last day of 2005 there were 11,783 DWI offenders and 3,451 drug offenders on probation, including those on supervised and conditional release.
- In 2005 Juvenile Probation supervised at least 1,428 juveniles with at least one drug or alcohol charge.

Minnesota Department of Corrections

- In 1989 there were 173 drug offenders in state prison. In 2005, there were 2,178, or 25 percent of the total state prison population of 8,708.¹²
- The number of adult drug offenders incarcerated in state prisons has increased 18 percent per year since 1989.
- 52 percent of all drug offenders were committed on a methamphetamine related (meth) charge; 21 percent on a crack-related charge.
- 71 percent of the meth offenders have a non-metro county of commitment. Two-thirds of the crack offenders have a metro area county of commitment.
- Crack offenders have the highest rate of previous incarceration at 40 percent.
- 90 percent of the offender population abuses or is dependent on drugs or alcohol; 25 percent of the male population and 40 percent of the female population is on psychiatric medication.¹³
- In 2005 there were 7,126 releases[°] from the state prison system.¹⁴ Hennepin is the county of commitment for 25 percent of all offenders going to the state Department of Corrections (DOC). Given that 90 percent of offenders committed to the state DOC abuse or are dependent on drugs or alcohol, each year more than 1,500 chemically dependent ex-offenders return to the county from state prisons.

[°] This figure includes releases from prison, as well as releases from community programs (i.e., work release) to supervised release. Because offenders can be released from either prison or a community program more than once in a given year, the above figure measures the total number of transitions to a release status, not the total number of individual offenders who exit a prison facility.

Referrals to and characteristics of clients in treatment

Criminal justice and social service systems are a major source of referrals to treatment programs. Nationally in 2003, 36 percent of referrals for treatment came from criminal justice agencies.¹⁵ The characteristics of clients admitted to treatment in Minnesota are tracked by the Drug and Alcohol Abuse Normative Evaluation System (DAANES). Findings include:

- In 2004, 10,656 people from Hennepin County were admitted to 190 different CD treatment programs.¹⁶ This was 27 percent of the state total of 39,369 in that same year.
- Sources of referrals to treatment for Hennepin clients included self-referrals (42 percent), county social services/CD services (23.8 percent), court/court services (19.8 percent), and corrections (5.2 percent), in addition to other sources.
- For 28 percent of Hennepin clients (2,983), admission to treatment was imposed instead of a jail sentence or as a condition of probation or parole.
- Characteristics of clients in CD treatment in Hennepin County include:
 - 69.9 percent were male.
 - 6.8 percent were under the age of 18; 14 percent were between the ages of 18 and 24.
 - 5.4 were married or cohabitating.
 - 57.1 percent were white.
 - 60.2 percent were single.
 - 27.8 percent had not finished high school.
 - 26.9 percent were employed full or part-time.
 - 9.3 percent were homeless.
 - 14 percent had three or more lifetime detox admissions.
 - 30.8 percent had three or more CD treatment admissions.

Hennepin County also contracts with two detox programs. There were 9,548 detox admissions in 2005. The average length of stay was 2.4 days.

Costs

High public costs are associated with persons who have AOD problems. Some of these include:

- Total detox cost to the county in 2005 was approximately \$4 million.
- It costs approximately \$30,000 per person per year to incarcerate addicted AOD offenders. The cost of incarcerating drug offenders in prison, not including local costs, was estimated to be \$45 million in 2004.¹⁷
- The 2006 Hennepin County Public Safety budget is \$219 million. The 2006 Human Services and Public Health budget is \$512 million. Given that 9 percent of the general population and a majority of offenders suffer from AOD abuse or dependency, many of the dollars spent could be tied back to persons with AOD problems.

Treatment costs for many AOD-dependent persons are paid by the Consolidated CD Fund. According to the Minnesota Department of Human Services, the total amount of claims in 2005 under this fund for Hennepin County residents was \$23,194,918. Of that amount, the county's share, or \$8,085,125, was paid through property taxes.¹⁸

Conclusion

A large number of persons with AOD issues enter county criminal justice and social service systems each year. In addition, AOD offenders are becoming a higher percentage of the prison population over time. If you include the costs associated with arrest, jail, corrections and social services, persons with AOD are costing county taxpayers millions of dollars each year. It is time to examine our approach to working with this population to identify opportunities to improve the efficiency and outcomes of the county's work with individuals with AOD issues.

Endnotes

¹ Substance Abuse and Mental Health Services Administration (2004). *Results from the 2003 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-25, DHHS Publication No. SMA 04-3964). Rockville, MD.

² Substance Abuse and Mental Health Services Administration (2004). *The Dasis Report, Trends in Substance Abuse Treatment Admissions: 1993 and 2003*. Retrieved April 4, 2006, from <http://oas.samhsa.gov/2k6/TXtrends/TXtrends.htm>

³ *2003 State Estimates of Substance Use* [Data file] Rockville, MD. Substance Abuse and Mental Health Services Administration.

⁴ *Any Illicit Drug Use in Past Month, Any Illicit Drug Use Other than Marijuana in Past Month, and Cocaine Use in Past Year in Minnesota among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 1999, 2000, and 2001 NSDUHs* [Data file] Rockville, MD. Substance Abuse and Mental Health Services Administration.

- ⁵ *Alcohol Use in Past Month, Binge Alcohol Use in Past Month, and Perceptions of Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week in Minnesota among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 1999, 2000, and 2001 NSDUHs*. [Data file] Rockville, MD. Substance Abuse and Mental Health Services Administration.
- ⁶ Minnesota Department of Public Safety, Office of Justice Programs (2003). *Safe at Home: 2002 Minnesota Crime Survey*. St. Paul, MN. Prepared by Gail Carlson.
- ⁷ State of Minnesota Department of Public Safety, *Minnesota Crime Information 2004*. Retrieved April 4, 2006, from <http://www.dps.state.mn.us/bca/cjis/documents/crime2004/mci2004.pdf>.
- ⁸ Hazelden Foundation, Butler Center for Research. (December 2005). *Drug Abuse Trends, Minneapolis/St. Paul*. Center City, MN: Falkowski, C. L.
- ⁹ Minneapolis Police Department. Uniform Crime Report Summary (February 2006). Retrieved April 4, 2006, from <http://www.ci.minneapolis.mn.us/police/crime-statistics/ucr/2006/2006-02-28-February-UCR.pdf>.
- ¹⁰ *Criminal Statistics, End of the Year 2005*. (2006). [Data File]. Minneapolis MN: Hennepin County District Court Research Division.
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- ¹² Minnesota Department of Corrections. *DOC Background, Drug Offenders in Prison*. (February 2006). Retrieved April 4, 2006, from <http://www.corr.state.mn.us/publications/documents/drugbackgrounder.pdf>.
- ¹³ Minnesota Department of Corrections. *Minnesota DOC Overview (Powerpoint)*. (January 2005). Retrieved April 5, 2006, from <http://www.doc.state.mn.us/publications/legislativereports/pdf/DOC%20Overview%20%201-19-05%20FINAL%20.ppt>.
- ¹⁴ Minnesota Department of Corrections. Adult Inmate Profile as of 1/1/2006. Retrieved April 5, 2006, from http://www.corr.state.mn.us/aboutdoc/stats/documents/January2006ProfileCard_final.pdf.
- ¹⁵ *Substance Abuse and Mental Health Services Administration (2004). The Dasis Report, Trends in Substance Abuse Treatment Admissions: 1993 and 2003*. Retrieved April 4, 2006, from <http://oas.samhsa.gov/2k6/TXtrends/TXtrends.htm>.
- ¹⁶ *DAANES Client Intake Summary, 1/1/2004 – 12/31/2004*. (April 5, 2006). St. Paul, Minnesota. Minnesota Department of Human Services, PM & QI Division.
- ¹⁷ Minnesota State Court Administrator's Office, Court Services Division. *Minnesota Supreme Court Chemical Dependency Task Force Initial Report (Draft)*. (February 2006). St. Paul, MN.
- ¹⁸ Minnesota Department of Human Services. (April 2006). E-mail message to Peg Murphy, Hennepin County HSPHD and Jerry Driessen, CJCC.

Appendix B:

Chemical Dependency Task Force Charter

Joint Board/Bench Chemical Dependency Task Force Task Force Charter

Mission/purpose

Increase public safety by providing effective responses to people with alcohol and other drug (AOD) involvement in the criminal justice system by redesigning chemical health intervention practices in Hennepin County so they are:

- Based on effective evidence-based principles
- Better coordinated
- Cost-effective

Project goal

Examine court and county role in dealing with alcohol and drug offenses throughout the criminal justice system in Hennepin County.

In particular, develop effective practices for AOD offenders, including when and how to use a corrections response and ensure that when a corrections response is used, it is an effective intervention consistent with evidence-based practices.

Specific objectives

1. Develop and agree upon successful outcome indicators.
2. Adopt principles for effective intervention (consistent with evidence-based practices), including process for assessing risk levels and targeting interventions to specific risks.
3. Evaluate effectiveness of current programming.
4. Identify re-engineering opportunities.
5. Endorse recommendations for systems reform to go to the Joint Board/Bench Committee.

Time frame

Work plan and milestones

- For DWI and adult drug completed by July 1, 2006
- For juveniles completed by September 1, 2006

Draft recommendations

- For adult drug completed by October 1, 2006
- For DWI completed by November 1, 2006
- For juveniles completed by February 1, 2007

Final recommendations

- For adults completed by January 1, 2007
- For juveniles by March 1, 2007

Decision-making authority

Make recommendations to the Joint Board/Bench Committee.

Boundaries

Recommendations should:

- Be consistent with evidence-based practices (risk-focused).
- Be aligned with the findings of the state Supreme Court Chemical Dependency Task Force.
- Consider how resources from community partners can contribute to the desired outcomes.

Sponsors

Fourth Judicial District Chief Judge Lucy Wieland and Gothriel (Fred) La Fleur, assistant county administrator for Criminal Justice

Reporting/communication expectations

The following information will be posted to the CD Task Force internet site at www.hennplace.com/cdtaskforce.

- Meeting minutes
- Work plan and milestones posted
- Meeting dates and agendas

The CD Task Force will report to board/bench quarterly.

Members/consultants**Co-chairs**

Chief Judge Lucy Wieland
Gothriel (Fred) La Fleur, assistant county administrator for Criminal Justice

Members

Commissioner Linda Koblick
Judge Gary Larson
Judge Tanya Bransford
Judge John Holahan
Leonardo Castro, public defender
Peter Cahill, County Attorney's Office
Dana Banwer, City Attorney's Office
Robert Olander, Human Services and Public Health Department
Robert Roeglin, Community Corrections
Marcy Podkopacz, District Court
Peg Murphy, Human Services and Public Health Department
Chris Owens, Corrections
Gwen Carlson, Human Services and Public Health Department

Resources

Coordinator three days/week – Jennifer Schuster Jaeger
Drug Court assessment done by Ed Latessa
Project resources available as needed for process mapping, data work, etc.
Evidence-based practices manual from National Institute of Corrections

Appendix C:

Juvenile Alcohol and Other Drug Subcommittee Charter

Subcommittee Charter • 8/22/06

Mission/purpose

Increase public safety by providing effective responses to people with AOD involvement in the criminal justice system by redesigning chemical health intervention practices in Hennepin County so they are:

- Better coordinated
- Based on effective evidence-based principles
- Cost-effective

Project goal

Examine court and county role in dealing with juvenile alcohol and drug offenders (including status and traffic offenders) throughout the juvenile justice system in Hennepin County and create recommendations so that judges and courts have better options for juveniles with AOD problems that will result in reduced substance use, increased use of community resources, and reduced reliance on court.

Specific objectives

1. Develop and agree upon successful outcome indicators.
2. Adopt principles for effective intervention (should be consistent with evidence-based practices) including process for assessing risk levels and targeting interventions to specific risks.
3. Map out current reality – processes, people, flow through the system.
4. Evaluate effectiveness of current programming.
5. Develop picture of preferred future – including needed options for juveniles with AOD issues.
6. Identify re-engineering opportunities.
7. Create recommendations for CD Task Force action/decision.

Time frame

Outcome indicators selected by October 1, 2006.

Current reality picture completed by October 1, 2006.

Recommendations to CD Task Force by January 1, 2007.

Decision-making authority

Make recommendations related to juvenile alcohol and drug offenders to the CD Task Force.

Boundaries

Recommendations should:

- Be consistent with evidence-based practices (risk-focused).

- Be aligned with the findings of the State Supreme Court Chemical Dependency Task Force.
- Examine responses for status offenders.
- Consider how resources from non-governmental/community partners can contribute to the desired outcomes.
- Ensure that recommendations address needed changes for contracted services as well as operated services.
- Coordinate with Juvenile Detention Alternatives Initiative.

Sponsors

Fourth Judicial District Chief Judge Lucy Wieland and Assistant County Administrator for Criminal Justice, Gothriel (Fred) La Fleur

Reporting/communication expectations

The following information will be posted to www.hennplace.com/cdtaskforce site:

- Meeting minutes
- Work plan and milestones posted
- Meeting dates and agendas
- Final recommendations

Members/consultants

Chairs

Commissioner Linda Koblick, Judge Tanya Bransford

Members

Referee Donna Fredkove

Kristine Martin, Strategic Initiatives and Community Engagement Department

Karel Moersfelder, County Attorney's Office

Lisa McNaughton, Public Defender

Gina Kubits, District Court

Gail Clapp, District Court

Jeanne Torma, Corrections

Tom Campbell, Corrections

Sharlene Shelton, Human Services and Public Health Department

Linda Cremons, Human Services and Public Health Department

Gothriel (Fred) La Fleur, Corrections

Chief Judge Lucy Wieland

Chris Owens, Corrections

Sharon Krmpotich, Corrections

Jim Brown, Operation de Novo

Willie Bridges, County Attorney's Office

Monte Miller, Public Defender

Gwen Carlson, Human Services and Public Health Department

Margaret Rooky, Relate

Scott Washburn, Relate

Gloria Stamps-Smith, County Attorney's Office

Resources

JDAI/Annie E. Casey research

Evidence-based practices manual from National Institute of Corrections